



Pre-Amendment
#5
T.D.
02/27/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **V. Schiavone** Examiner: **Not Yet Assigned**
J. Koenig

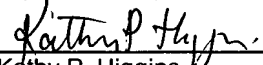
Application No.: **10/084,038** Group Art Unit: **2152**
(Conf. No. 8437)

Filed: **February 26, 2002** Attorney Docket No. **P27,530 USA**

For: **SYSTEM AND METHOD FOR CONTROLLING**
DISTRIBUTION OF NETWORK COMMUNICATIONS

CERTIFICATE OF MAILING

I hereby certify that this correspondence, along with any other papers indicated as being enclosed, is being deposited with the United States Postal Service, postage prepaid, as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 11, 2004.


Kathy P. Higgins

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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PRELIMINARY AMENDMENT

Sir:

Please enter the following amendments prior to examination of the application.

Amendments to the Specification begin on page 2.

Amendments to the Claims begin on page 12.

02/19/2004 HBERHE 00000134 10084038

01 EC:2202
02 FC:2201

594.00 OP
602.00 OP

AMENDMENT TRANSMITTAL LETTER (Small Entity)

Applicant(s): V. Schiavone and J. Koenig

FEB 13 2004

Docket No.

P27,530 USA

Serial No.

10/084,038

Filing Date

February 26, 2002

Examiner

N/A

Group Art Unit

2152

Invention:

SYSTEM AND METHOD FOR CONTROLLING DISTRIBUTION OF NETWORK COMMUNICATIONS

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- ☐ A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.

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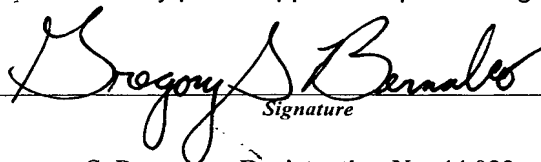
The fee has been calculated and is transmitted as shown below.

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CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	86 -	20 =	66 x	\$9.00	\$594.00
INDEP. CLAIMS	17 -	3 =	14 x	\$43.00	\$602.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$1,196.00

- ☐ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☒ A check in the amount of \$1,196.00 to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-5425
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.


Signature

Dated: February 11, 2004

Gregory S. Bernabeo, Registration No. 44,032
Synnestvedt & Lechner LLP
2600 Aramark Tower
1101 Market Street
Philadelphia, PA 19107
Tel: 215-923-4466
Tel: 215-923-2189

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